K012679

NOV 0 8 2001

SECTION 2. SUMMARY AND CERTIFICATION

A. 510(k) Summary

Submitter: SterilMed, Inc.

Contact Person: Patrick Fleischhacker
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Minneapolis, MN 55369
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Date Prepared: August 11, 2001

Trade Name: SterilMed Reprocessed RF Arthroscopy Probes

Classification Name and Number: Electrosurgical Device, Class II, 21 CFR 878.4400, and 21 CFR 888.1100

Product Code: GEI and HRX

Predicate Device(s): SterilMed's Reprocessed RF Arthroscopy Probes are substantially equivalent to the Arthroscopy Probes packaged with:

- ArthroCare Corp.'s ArthroCare Orthopedic Electrosurgery System (K992581);
- Oratec Interventions, Inc.'s Vulcan™ EAS™ ElectroThermal Arthroscopy System and Accessories (K991140);
- Mitek®Products Vapr ™ System and Accessory Electrosurgical Electrodes (K974022) (K992876) (K002422); and
- To their counterparts from the original manufacturers.

Device Description: SterilMed's reprocessed RF Arthroscopy Probes are radio frequency electrosurgical devices that are designed for arthroscopic surgical procedures and are used with a conductive irrigant. They consist of connector pins, a handle, an insulated cannula, a return electrode, an electrode tip with single or multiple electrodes, and come in straight or angled designs.

Intended Use: These devices are designed for general surgical use, including orthopedic and arthroscopic applications of resection, ablation, excision of soft tissue, hemostasis of blood vessels, and

coagulation of soft tissue. Arthroscopic surgery may include the following: Knee, Shoulder, Ankle, Elbow, and Wrist.

Functional and Safety Testing:

Representative samples of reprocessed RF Arthroscopy Probes underwent bench testing to demonstrate appropriate functional characteristics. Process validation testing was done to validate the cleaning and sterilization procedures as well as the devices packaging. In addition, the manufacturing process includes visual and functional testing of all products produced.

Conclusion:

The RF Arthroscopy Probes reprocessed by SterilMed are substantially equivalent to the Arthroscopy Probes packaged with:

- ArthroCare Corp.'s ArthroCare Orthopedic Electrosurgery System (K992581);
- Oratec Interventions, Inc.'s Vulcan™ EAS™ ElectroThermal Arthroscopy System and Accessories (K991140);
- Mitek® Products Vapr™ System and Accessory Electrosurgical Electrodes (K974022) (K992876) (K002422); and
- To their counterparts from the original manufacturers.

This conclusion is based upon the fact that these devices' are essentially identical to their predicate devices in terms of functional design, materials, indications for use, and principles of operation

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Food and Drug Administration
9200 Corporate Boulevard
Rockville MD 20850

NOV 0 8 2001

Mr. Patrick Fleischhacker
Vice President of Regulatory
and Quality Control
SterilMed, Inc.
11400 73rd Avenue North
Minneapolis, Minnesota 55369

Re: K012679
Trade/Device Name: SterilMed Reprocessed RF Arthroscopy Probes
Regulation Number: 878.4400, 888.1100
Regulation Name: Electrosurgical cutting and coagulation device and accessories
Arthroscope
Regulatory Class: II
Product Code: GEI, HRX
Dated: August 11, 2001
Received: August 14, 2001

Dear Mr. Fleischhacker:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801 and additionally 21 CFR Part 809.10 for in vitro diagnostic devices), please contact the Office of Compliance at (301) 594-4659. Additionally, for questions on the promotion and advertising of your device, please contact the Office of Compliance at (301) 594-4639. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). Other general information on your responsibilities under the Act may be obtained from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours,

Susan Walker, MD

for

Celia M. Witten, Ph.D., M.D.
Director
Division of General, Restorative
and Neurological Devices
Office of Device Evaluation
Center for Devices and
Radiological Health

Enclosure

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Indications for use Page K012679

Device Name: Reprocessed RF Arthroscopy Probes

Indications for Use:

These devices are designed for general surgical use, including orthopedic and arthroscopic applications of resection, ablation, excision of soft tissue, hemostasis of blood vessels, and coagulation of soft tissue. Arthroscopic surgery may include:

- Knee
- Shoulder
- Ankle
- Elbow
- Wrist

Concurrence of CDRH, Office of Device Evaluation (ODE)

Susan Walk

(Division Sign-Off)
Division of General, Restorative
and Neurological Devices

510(k) Number K012679